

CORPORATION NAME		
PLACE LABEL FROM POSTCARD IN BLOCK		
NUMBER AND STREET		
CITY OR TOWN, STATE, ZIP CODE		
MTS/MO I.D. NUMBER	CHARTER NUMBER	FEDERAL I.D. NUMBER
Check Applicable Boxes Attach copy of Federal Form 1120, Pages 1-4, or 1120A.		
<input type="checkbox"/> Name Change <input type="checkbox"/> Address Change <input type="checkbox"/> Initial Corporate Income Tax Return	<input type="checkbox"/> Final Corporate Income Tax Return <input type="checkbox"/> Bankruptcy	<input type="checkbox"/> Accounting Period Change If yes, state prior accounting period _____ <input type="checkbox"/> 990C <input type="checkbox"/> 990T

MAIL TO: Balance Due Missouri Department of Revenue P.O. Box 3365 Jefferson City, MO 65105-3365	MAIL TO: Refund or No Amount Due Missouri Department of Revenue P.O. Box 700 Jefferson City, MO 65105-0700
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FORM MO-1120A	
Missouri Corporation INCOME TAX Return for 2001 or Fiscal Year Beginning _____, 20____ Ending _____, 20____	Missouri Corporation FRANCHISE TAX Return for 2002 or Fiscal Year Beginning _____, 20____ Ending _____, 20____
Balance Sheet Date (MMDDYY) <input type="checkbox"/> A. RETURN FILED FOR CORPORATE TAX ONLY <input type="checkbox"/> B. RETURN FILED FOR FRANCHISE TAX ONLY	

Computation of Income Tax	1. Federal Taxable Income (not less than zero) from Federal Form 1120, Line 30. (Federal Form 1120A, Line 26)	1		00			
	2. Corporate income tax from Missouri deducted in determining federal taxable income (attach schedule)	2		00			
	3. Amount of any state income tax refund included in federal taxable income (attach schedule)	3		00			
	4. Federal Income Tax — Multiply Federal Forms 1120, Schedule J, Lines 6a and 11 OR 1120A, Part 1, Line 8 by 50% . .	4		00			
	5. Missouri Taxable Income (Line 1 plus Line 2, less Lines 3 and 4)	5		00			
	6. Corporation Income Tax — 6.25% of Line 5	6		00			
Computation of Franchise Tax	• Corporations having all assets within Missouri complete Lines 7, 8, 9a, and 10 only • Corporations have all assets outside Missouri complete Lines 9b and 10c only						
	7. Par value of issued and outstanding stock (For no-par value stock, see instructions)	7		00			
	8. Assets: 8a. Total assets per ATTACHED BALANCE SHEET	8a		00			
	8b. Less: Investments in and advances to subsidiaries over 50% owned (attach schedule showing name and percentage of ownership)	8b		00			
	8c. Adjusted total (Line 8a less Line 8b)	8c		00			
	9. Tax Basis:						
	9a. Corporations having all assets within Missouri (Line 8c or Line 7, whichever is greater)	9a		00			
	9b. Corporations having all assets outside Missouri and no assets apportioned to Missouri, enter zero	9b		00			
	NOTE: If your assets in Missouri (Line 9a) do not exceed \$1,000,000 or if you have zero assets apportioned to Missouri (Line 9b) check this box <input type="checkbox"/>. You do not owe franchise tax. Enter zero in Line 10c.						
	10. Tax Computation						
10a. Tax — 1/30th of 1% (.000333 of Line 9a)	10a		00				
10b. Short periods (for new corporations and change in accounting periods only) Line 10a x _____ (insert number of months in short period) = prorated tax due	10b		00				
10c. Corporation Franchise Tax due (Line 10a or Line 10b, whichever applies)	10c		00				
Credits/ Payments	11. Total Corporate Income Tax and Franchise Tax Due — Line 6 plus Line 10c	11		00			
	12. Total Tax Credits (Attach Form MO-TC)	12		00			
	13. All tax payments (include payments with Form MO-60 and approved overpayments from prior years)	13		00			
	14. Total — add Lines 12 and Line 13	14		00			
Refund or Tax Due	15. If Line 14 is greater than Line 11, enter OVERPAYMENT here	15		00			
	16. Amount remitted or amount of tax overpayment to be contributed to the following trust funds. Place the total amount contributed on Line 16e.	16e		00			
	17. Overpayment to be applied to next filing period	17		00			
	18. Overpayment to be refunded (Line 15 less Lines 16e and 17) REFUND	18		00			
	19. If Line 14 is less than Line 11, enter UNDERPAYMENT here	19		00			
	20. Enter total amount on Line 20.	20		00			
	21. TOTAL DUE (Add Lines 19 and 20) (U.S. funds only)	21		00			
	<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> Children's Trust Fund Veteran's Trust Fund Elderly Home Delivered Meals Trust Fund MO National Guard Trust Fund </div> <div style="width: 50%;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 25%; text-align: center;">a</td> <td style="width: 25%; text-align: center;">b</td> <td style="width: 25%; text-align: center;">c</td> <td style="width: 25%; text-align: center;">d</td> </tr> </table> </div> </div>				a	b	c
a	b	c	d				
Signature	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which he/she has any knowledge. As provided in Chapter 143, RSMo, a penalty of up to \$500 shall be imposed on any corporation which files a frivolous return.						
	I authorize the Director of Revenue or delegate to discuss my return and attachments with the preparer or any member of his/her firm, or if internally prepared, any member of the internal staff. <div style="float: right;"> <input type="checkbox"/> YES <input type="checkbox"/> NO </div>						
	SIGNATURE OF OFFICER (REQUIRED)	TITLE OF OFFICER	PHONE NUMBER ()	DATE SIGNED			
	PREPARER'S SIGNATURE (INCLUDING INTERNAL PREPARER)	PREPARER'S FEIN, SSN, OR PTIN	PHONE NUMBER ()	DATE SIGNED			